

PLAINT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JUL 21 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 14-00716
Date: 8-19-14
Amount Paid: \$330
Refund: 7-21-14

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Jay Stadel (LE) W. L. Stadel		Mailing Address: N56W71N6E Libon Sussex, WI 53089		City/State/Zip: Cable WI 54821		Telephone: 715-446-3429		Cell Phone: 715-218-9840		Plumber Phone: 715-634-8057		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Contractor: Randy Bork		Contractor Phone: 715-768-4324		Plumber: Livingwater Plumbing		Agent Mailing Address (include City/State/Zip):									
Authorized Agent: W. L. Stadel		Agent Phone:		Agent Mailing Address (include City/State/Zip):											
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-041-2-44-05-20-2-05-		Recorded Document (i.e. Property Ownership) Volume 1061		Subdivision: 836							
1/4, 1/4		Gov't Lot 1		Lot(s) 1		GSM 1734		Vol & Page 10-9180		Lot(s) No.		Block(s) No.		Subdivision:	
Section 20, Township 44 N, Range 05 W		Town of: Grandview		Lot Size: 266' x 420' 2.584		Acres: 2.584									
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (and intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →		Distance Structure is from Shoreline: 75' feet											

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 110,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Mound	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(32 x 44)	1408
<input checked="" type="checkbox"/> Residential Use	Residence (i.e. cabin, hunting shack, etc.)	(10 x 32)	320
<input type="checkbox"/> Commercial Use	with a Loft	(10 x 32)	
<input type="checkbox"/> Municipal Use	with a Porch	(10 x 32)	
	with a Deck	(10 x 32)	
	with (2nd) Deck	(10 x 32)	
	with Attached Garage	(10 x 32)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(10 x 32)	
	Mobile Home (manufactured date)	(10 x 32)	
	Addition/Alteration (specify)	(10 x 32)	
	Accessory Building (specify)	(10 x 32)	
	Accessory Building Addition/Alteration (specify)	(10 x 32)	
Rec'd for Issuance	Special Use: (explain)	(10 x 32)	
	Conditional Use: (explain)	(10 x 32)	
	Other: (explain)	(10 x 32)	
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): W. L. Stadel, Jane C. Stadel Date 7-14-14
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 600 Lanes Circle Hatley WI 54440
Copy of Tax Statement
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached
Drawings

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	340+ Feet	Setback from the River, Stream, Creek	N/A Feet
	320+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	N/A Feet	Setback from Wetland	N/A Feet
Setback from the South Lot Line	N/A Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	30 Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line	160+ Feet		
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	10 Feet
Setback to Drain Field	measured Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 467354	# of bedrooms: 3	Sanitary Date: 8-29-05		
Permit Denied (Date):	Reason for Denial:				
Permit #: 14-0076	Permit Date: 8-19-14				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No				
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:					
Metcalf & Eckhardt					
Date of Inspection: 7-24-14	Inspected by: M. Fustale				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If No they need to be attached.)				
Existing structure must be properly disposed of in a construction					
Land fill					
Signature of Inspector: Michael G. Stucke					
Hold For Sanitary: <input checked="" type="checkbox"/> Reopened	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/> \$50		
					Date of Approval: 7-23-14

NT

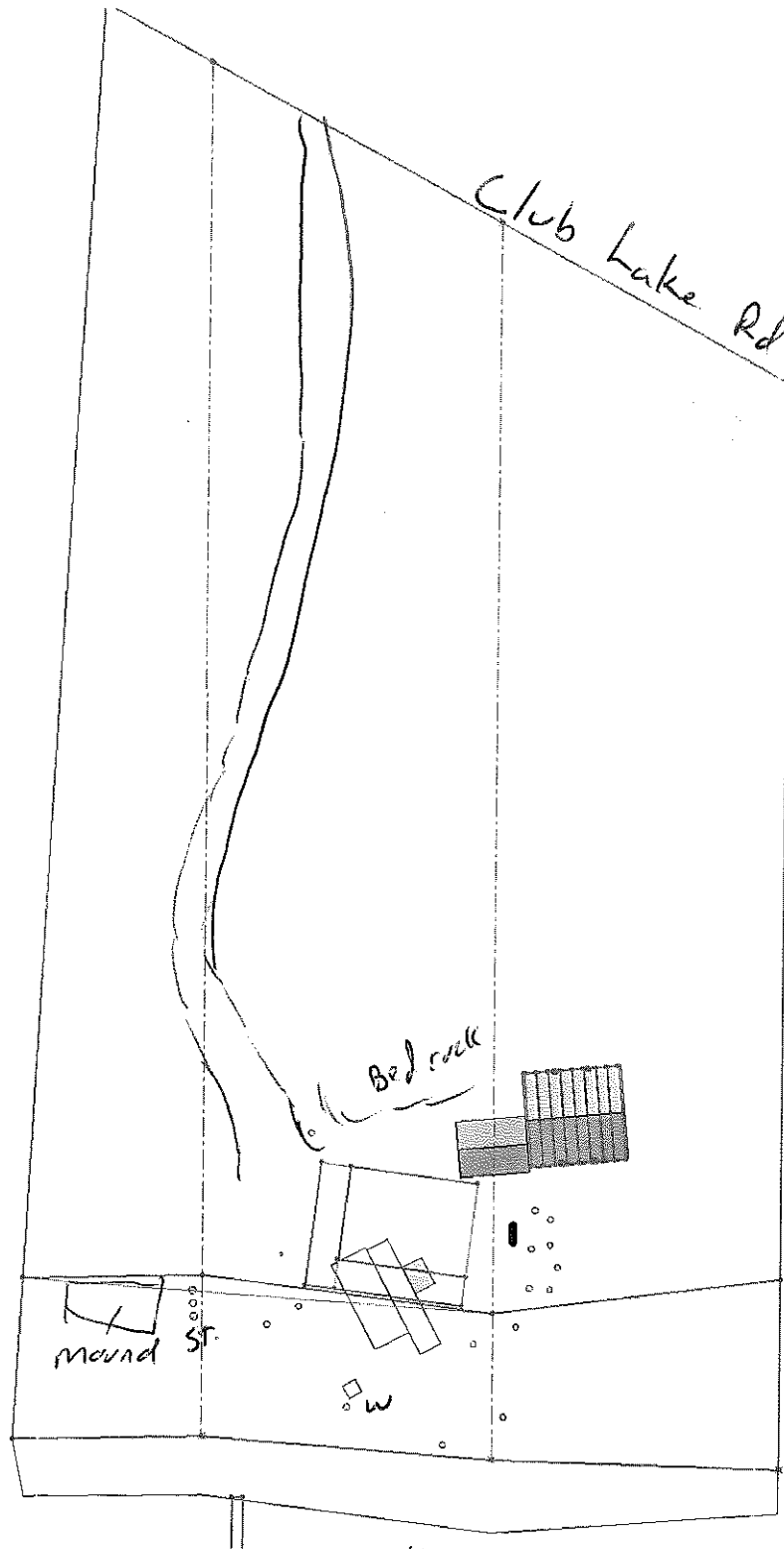
Club Lake Rd.

Bedrock

Mound St.

w

Atkins Lake



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
JUL 24 2014
Bayfield Co. Zoning Dept.

Permit #: 14-0877
Date: 8-19-14
Amount Paid: \$75 7-21-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: William Stadler		Mailing Address: Libben Rd N56W27N26		City/State/Zip: Sussex, WI 53089		Telephone: 715 446-3429		Cell Phone: 715 218-9840		Plumber Phone:		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address of Property: 2605 Club Lake Rd		City/State/Zip: Cable, WI 54831		Contractor Phone:		Plumber:		Agent Mailing Address (include City/State/Zip):		Agent Phone:		Agent Mailing Address (include City/State/Zip):	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Agent Phone:		Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (13 digits) 04-021-2-44-05-30-205-001-21000		Recorded Document: (i.e. Property Ownership) Volume 1061 Page(s) 836		Subdivision:		Lot Size		Acreage 2.58	
1/4, 1/4		Gov't lot 1		CSM 1739		Vol & Page 10, 180		Lot(s) No.		Block(s) No.		Subdivision:	
Section 20, Township 44 N, Range 5 W		Town of: Grand View		Distance Structure is from Shoreline: feet		Distance Structure is from Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Distance Structure is from Shoreline: feet		Distance Structure is from Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: feet		Distance Structure is from Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Distance Structure is from Shoreline: feet		Distance Structure is from Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland													

Value at Time of Completion * include donated time & material \$ 1,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: (New) Sanitary	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: Sanitary (Exists)	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: Mansd	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 20	Width: 13	Height: 10
Proposed Construction:	Length: 20	Width: 13	Height: 10

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	<input type="checkbox"/> with a Porch	(X)	
<input type="checkbox"/> with (2 nd) Porch	<input type="checkbox"/>	<input type="checkbox"/> with a Deck	(X)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>	<input type="checkbox"/> with Attached Garage	(X)	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	<input type="checkbox"/>	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Accessory Building (specify) screen porch	(12 x 20)	340
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>	<input type="checkbox"/>	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Secretarial Stamp: I, the undersigned, being a duly qualified and sworn public official of Bayfield County, Wisconsin, do hereby certify that the foregoing is a true and correct copy of the application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): William Stadler, Betty Stadler
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 600 Lanes Circle, Hatley, WI 54440
Date 7-24-14
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of:** **Proposed Construction**
- (2) **Show / Indicate:** **North (N)** on Plot Plan
- (3) **Show Location of (*):** **(*) Driveway** and **(*) Frontage Road** (Name Frontage Road)
- (4) **Show:** **All Existing Structures** on your Property
- (5) **Show:** **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) **Show any (*):** **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) **Show any (*):** **(*) Wetlands; or (*) Slopes over 20%**

See attach ment

Please complete (1) – (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	340+ Feet	Setback from the Lake (ordinary high-water mark)	75 Feet
Setback from the Established Right-of-Way	380+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line Town Rd	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line Lake	N/A Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	180+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	70 Feet	Setback to Well	30 Feet
Setback to Drain Field	80 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0877		Permit Date: 8-19-14		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:				
Date of Inspection: 7-24-14		Inspected by: M. Fuchs		Zoning District (R-1) Lakes Classification (1)
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.				
Signature of Inspector: Michael Fuchs		Date of Approval: 7-25-14		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

